

NOTICE OF PRIVACY PRACTICES

Effective Date: September 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

*If you have questions about this notice, please contact our Privacy Officer
15755 SW Sequoia Pkwy, Suite 200, Tigard, Oregon 97224 or 503.639.6002 x104*

All of us at Orthopedics Northwest take responsibility to safeguard your protected health information very seriously. We value your trust as an important part of our ability to provide you with the best possible medical care and your right to a confidential relationship with your physician. This notice is intended to inform you of how we protect, use, and disclose your information and to explain your right to control these disclosures. **We are required by law to give you this notice.**

This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive at this office. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

We may use and disclose health information for the following purposes:

1. To coordinate your medical care.
2. To ensure that you receive insurance benefits.
3. To enhance the operations of our practice which includes our commitment to review the quality of care we provide.
4. To comply with legal requirements as outlined in this notice.

Our Duties

We are required by law to keep your information private. We must also provide you with notice of our practices and legal duties that relate to your information.

We are required by law to abide by the terms of this notice of privacy practices.

We reserve the right to change this notice and we will inform you of any significant changes. If such changes occur, we will let you know of the new terms by providing a copy of the changes at our office and on our website.

Consent to Disclosures

When we begin your care, we will ask you to sign an agreement that permits disclosures of your information only for the purposes outlined in this notice. Because such disclosures are important to coordinate your medical care, we require your consent to access our services. This notice provides additional information regarding these disclosures and any disclosures that we may make without your consent. Before making a disclosure for any purpose not listed in this notice, we will request a written authorization from you.

Types of Uses/Disclosures of Protected Health Information

We may disclose your information for the following purposes:

For Treatment Purposes

We may disclose your health information to provide you with medical treatment or services. This may include the coordination and management of your treatment to doctors, nurses, therapists, technicians, office staff or other personnel who are involved in taking care of you and your health. For example, we may send a report detailing our diagnosis and treatment to your primary care physician, your treating physical therapist, or to another physician involved in your care.

For Payment Purposes

We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. This may be necessary for determining your eligibility, coverage, billing and collections activities. We may also be required to disclose your information to your insurer for review of the medical necessity, coverage, appropriateness, or justification of our charges.

For example, many insurers require that we submit copies of the chart as a condition of reimbursement for our services. The process of prior authorization for specific diagnostic or surgical procedures represents another example in which we may disclose your information to gain your insurer's approval to proceed with a recommended course of care.

For Health Care Operations Purposes

We may disclose your information within our organization for the purposes of quality care.

1. Quality and improvement activities to improve care, reduce cost, coordinate and manage healthcare services, train staff and comply with the law.
2. Conducting, or arranging for, medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.
3. Appointment Reminders. We may contact you as a reminder that you have an appointment for treatment or medical care at our office.
4. Treatment Alternatives. We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
5. Health-Related Products and Services. We may tell you about health-related products or services that may be of interest to you.

Special Situations or Other Purposes

There are a variety of other purposes for which we may be required to use or disclose information about you without your written consent or authorization. These include the following disclosures:

- ◆ **Required by Law.** We will disclose health information about you when required by the federal, state or local law.
- ◆ **To Avert a Serious Threat to Health or Safety.** To prevent a serious threat or safety to yourself, the public or another person.

- ◆ **Public Health Risks.** We may disclose health information about you for public health reasons to prevent or control disease, injury or disability; or report vital events, such as birth or death; suspected abuse or neglect, non-accidental physical injuries; and, reporting of adverse events to the Food and Drug Administration.
- ◆ **Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- ◆ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order.
- ◆ **Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- ◆ **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death.
- ◆ **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organization that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.
- ◆ **Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, national security or intelligence communities, we may be required by military or government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
- ◆ **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness, as provided by state law.
- ◆ **Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office. We will offer you the option of opting out of any research related to genetic studies.
- ◆ **Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- ◆ **Family and Friends.** We may disclose health information about you to your family members or friends if we obtain your verbal agreement and/or if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse into the exam room while your treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may use our professional judgment to determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best

interest to allow another person to act on your behalf to pickup, for example, prescriptions, medical supplies, or x-rays.

Your Privacy Rights

Please note that you are entitled to very specific rights regarding the use and disclosure of your information. We have listed your rights below.

Right to Notice of Privacy Practices

You have the right to be notified of our policies regarding our use and disclosure of your information. This document provides you with that notice.

Right to Request Confidential Communications

You may request that our communication with you be confidential; for example, you could request that we only contact you at home, work or by mail. To request confidential communications, please submit a written request to the Privacy Officer and specify how or where you wish to be contacted.

Right to Inspect and Copy

You have the right, after providing us with reasonable notice, to inspect your health information, such as medical and billing records that we keep and use to make decisions about your care. You must provide a written request to the Privacy Officer in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the cost for copying, mailing or other associated supplies. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

We do not permit inspecting or copying medical records we receive from other providers, but we can assist you in identifying such providers so that you may request their records directly.

We may deny your request to inspect and/or copy your record or parts of your record in certain circumstances. If you are denied copies of or access to, health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend

If you believe your health information we have is incorrect or incomplete, you may ask us to amend the information.

We may deny or partially deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information that we keep
- You would not be permitted to inspect and copy
- Is accurate and complete.

If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your medical record. Your rebuttal needs to be one page or less in length and we have the right to file a rebuttal responding to yours in your medical record. You also have the right to request that all documents associated with the amendment request (including rebuttal) be transmitted to any other party any time that portion of

the medical record is disclosed.

You have the right to request an amendment as long as the information is kept by this office. To request an amendment, please submit in writing a request to the Privacy Officer.

Right to an Accounting Disclosure of Protected Health Information

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The list will also exclude any disclosures we have made based on your written authorization.

To obtain this list, you must submit your request **in writing** to the Privacy Officer. It must state a time period, which may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use and disclosure about you for treatment, payment or health care operations. You have the right to request a limit on your health information we disclose to family members. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. We may choose to either comply with your request or terminate your care here. In certain instances, your choice to restrict the disclosure of information may invalidate your insurance coverage, and we may require that you execute both a waiver of insurance benefits and a payment agreement in order to receive care. If you have been injured on the job and have filed a workers’ compensation claim, Oregon law forbids limiting disclosures to your carrier or self-insured employer.

Generally, we will not agree to requests to limit disclosure of your information related to (a) the coordination of your medical care, (b) the internal operations of our practice, or (c) legal requirements.

To make a request to restrict or limit the disclosure of your information, you may complete and submit a REQUEST FOR RESTRICTION ON USE/DISCLOSURE OR MEDICAL INFORMATION to our Privacy Officer.

Other Uses and Disclosures of Health Information.

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. You may revoke that authorization, **in writing**, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your prior permission.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as HIV, substance abuse, mental health, and genetic testing information for purposes such as treatment, payment and healthcare operations.

Please note that you have the right to obtain a paper copy of this notice upon request. You may find a copy of this Notice on our website. www.orthonw.com. For more information on our privacy policies, to submit a request for access to your records or for any other need related to the management of your information at Orthopedics Northwest, please contact our Privacy

Officer.

Breach of Health Information

We will inform you if there is a breach of your unsecured health information.

Changes to this Notice

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. You are entitled to a copy of the notice currently in effect. We will inform you of any significant changes to this Notice. This may be through our website, posted in our office or other means of communication.

Complaints and Investigations

If you believe your privacy rights have been violated, you may file a complaint with our on-site Privacy Officer who is dedicated to investigating complaints regarding the use and disclosure of information in our care. You may file a complaint with the Secretary of the Department of Health and Human Services at:

Office for Civil Rights Region X
U.S. Department of Health & Human Service
2201 Sixth Avenue - Mail Stop RX-11
Seattle, WA 98121

Regardless of whom you contact **you will not be penalized for filing a complaint.** The contact information for our Privacy Officer is listed below.

Privacy Officer
Telephone: 503.639.6002 x104
Fax: 503.639.1403
Toll Free: 1.877.999.6002
www.orthonw.com



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